1. NUMBER: FD43-00-020	2. PCN: PB20153	MSFC ENGIN CHANGE REQ (See Instructions - MS		UEST (ECR)	0	DATE: October 16	, 2000	4. PAGE 1 of 1	
5. TO:		6. THRU:	ictions - Marc Form 2321-2)			FROM:		10.1	
Barbara Cobb/POCB			Nelda Hile				v		
8. TITLE OF CHANGE:									
Changes to DCPCG Ground Data Services Requirements for Increment 3									
9. RECOMMENDED PRICE  Emergency Ur	10. NEED DATE: ASAP								
11. PROGRAM(S)/PROJ	ĒD:	12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:							
ISS									
13. RECOMMENDED EF	14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): Increment 3 DCPCG Ground Data Services data sets (Voice/Data), PRD, NPRD								
15. RELATED CHANGES BY NUMBER: <b>FD43-99</b> -	15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.								
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet)  Data rate changes for DCPCG requirements for Increment 3. Current POCC network interface limits data rates to no greater than 1.5 Mbps. In March 2001 POCC will move and allow higher data rate transfers.									
17. EFFECTS ON:  Hardware Facility Schedule (See Enclosure for impact) Requirements Documentation  Software Environment Cost (Estimated cost included in Enclosure ) Other (Specify):									
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) Change DCPCG Ground Data Services data set as indicated for Increment 3. Change network service data rate to current POCC (SRI Bldg, Rm 415) from 5 Mbps to 1.5 Mbps. In March 2001 provide voice and 3 Mbps of network services to support new POCC in UAB On-Campus Facility. Terminate voice and 1.5 Mbps of network services to old POCC after new POCC voice and network interfaces have been established.									
19. MOD KIT INFORMATION:									
Yes No					Enclosure	Paragraph			
☐ ☐ Previously	issued modification	n instructions a	ffected? (E	xplain)					
☐ ☐ Proofing of	modification instr	uctions and kit i	nstallation re	equired? (Expla	ain)				
Proofing Lo	ocation:								
Retest requ	ired? (Identify tes	st invalidated by	change)						
Requalification required? (Include description of test plan for requalification)									
Vehicle/Site & CI Serial No. Change Period		Period	Mod Kit Delivery Date Est. M/H for M			or Mod Kit Ins	tl. Out-of-	Service Time	
20. SIGNATURE OF ORIGINATOR: DA' Nelda Hiley /s/ Oct			TE: TELEPHONE NUMBER: <b>544-5774</b>			OFFICE SYMBOL: FD43			
21. CONCURRENCE									
SIGNATURE ORG. DATE		SIGNATURE		ATURE	ORG.		DATE		
22. TECHNICAL APPROVAL									
SIGNATURE ORG. DATE						ORG.		DATE	